

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42911
10878

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaughters Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>525 So. Harrison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rodie</u>		b. (Middle) _____		c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 2, 1916</u>	
9. AGE (In years, by birthday) <u>34</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Henry Lott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Chisum</u>		14. NAME OF HUSBAND OR WIFE <u>Jack Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>770</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Taylor</u>		ADDRESS <u>525 So. Harrison</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial INsufficiency</u> ANTECEDENT CAUSES <u>auricular Fibrillation</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thyroidosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9 mos</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Not Done. Skin incision only</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>232.0</u>					
22. I hereby certify that I attended the deceased from <u>11/20</u> , 19 <u>50</u> , to <u>12/18</u> , 19 <u>50</u> that I last saw the deceased alive on <u>12/18</u> , 19 <u>50</u> , and that death occurred at <u>2:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Sign in or title) <u>[Signature]</u>				23b. ADDRESS <u>822 N. Jefferson</u>		23c. DATE SIGNED <u>12/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>	
DATE RECD BY LOCAL REG. <u>DEC 20 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Farver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Green</u>		ADDRESS <u>4214 Delmar</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Christall Lewis

Student Embalmer No. *408*

working under my personal supervision.

Student *Christall Lewis*
Student Embalmer

Signed _____

F. A. Green

Licensed Embalmer No. *2963*

P. O. Address _____

4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.